

110-111 & 129-131, Vyapar Bhavan, 1st Floor, 49, P.D'mello Road, Carnac Bunder, Masjid, Mumbai 400009.
Tel.: 22 23480039-41 ☐ Fax: 22 23480043

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT
(CDSL - DP ID 13058500)
FOR INDIVIDUALS



(To be filled by the Depository Participant)

Application No.								Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																
DP ID	1	3	0	5	8	5	0	0	Client ID							

(To be filled by the applicant in BLOCK LETTERS in English)

I/We request you to open a demat account in my/ our name as per following details:-

Holders Details

Sole /First Holder's Name								PAN											
								UID											
								UCC											
								Exchange Name & ID											
Second Holder's Name								PAN											
								UID											
Third Holder's Name								PAN											
								UID											

Name *																			
* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.																			

Type of Account (Please tick whichever is applicable)

Status	Sub - Status	
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual-Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> NRI Non - Repatriable <input type="checkbox"/> NRI Non - Repatriable Promoter <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify)_____	

Details of Guardian (in case the account holder is minor)

Guardian's Name		PAN	
Relationship with the applicant			

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									

Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____								
Bank Name									
Branch Name									
Bank Branch Address									
City _____ State _____ Country _____	PIN Code								

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

All charges applicable to my Demat Account may please be debited to my account number with Saraswat Bank, Branch _____														
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other Details Gross Annual Income Details	Income Range Per Annum									
	<input type="checkbox"/> Up to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,000 to ₹ 5,00,000 <input type="checkbox"/> ₹ 5,00,000 to ₹ 10,00,000 <input type="checkbox"/> ₹ 10,00,000 to ₹ 25,00,000 <input type="checkbox"/> More than ₹ 25,00,000									
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs.
	[Net worth should not be older than 1 year]									
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____									
Please tick, if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)									
Any other information:										

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
	Easi To register for Easi , please visit our website www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

Mode of Operation for Execution of Transactions (Transfer, Pledge & Freeze)

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the Holder
----------------------------------	---

Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be first holder.		
<input type="checkbox"/> first Holder	<input type="checkbox"/> All Holder	Email id
	<input type="checkbox"/> Second Holder	
	<input type="checkbox"/> Third Holder	

Nomination Details

Nomination Registration No.	Dated
-----------------------------	-------

- ☐ I/We wish to make a nomination (Details are provided at Annexure 3.2) **OR**
- ☐ I/We hereby confirm that I/We **do not wish to appoint any nominee in my demat account** and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

Details of the Witness	
Name of witness	
Address of witness	
Signature of witness	

Note:

- ☐ Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / opt out nomination]

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in blue ink)

-----✂----- (Please Tear Here) -----✂-----

Acknowledgement Receipt



Saraswat
Bank

Saraswat Co-operative Bank Ltd.
(Scheduled Bank)

Application No.: _____

Date: _____

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature